

May 2019

## **Provider billing instructions for services as of January 1, 2019**

— Personal care assistance (PCA) agencies with an NPI or Unique Minnesota Provider ID (UMPI)

### **Billing reminders for PCA providers**

Billing information for providers billing for PCA services effective January 1, 2019:

- T1019 and T1019UA services for Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus (MSC+) members are to be billed to Amerigroup using payer ID 00562.
- T1019 and T1019UA services for Medicaid members under the age of 65 should be billed directly to the Minnesota Department of Human Services (DHS).
  - Beginning January 1, 2019, all PCA services for Minnesota Health Care Programs (MHCP) recipients under age 65 will be paid by DHS. MCO contracts with DHS for MHCP members under age 65 no longer include PCA services. Providers will still be able to bill Blue Cross and Blue Shield of Minnesota and Blue Plus for PCA services rendered prior to January 1, 2019.
- Elderly waiver-extended PCA services, T1019 UC, are to be billed to Bridgeview using payer ID FS802.

See link below to the *DHS Long Term Services and Supports Service Rate Limits* communication:

- <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3945-ENG>

All Elderly Waiver services listed on pages 36-40 are to be billed to Bridgeview using Payer ID FS802. For additional assistance regarding billing of Elderly Waiver services please contact Bridgeview at EWProviders@Bridgeviewco.com or call **1-800-584-9488**.

### **Provider billing issue updates**

These updated billing instructions apply to you if you provide services for SecureBlue<sup>SM</sup> (also known as MSHO) or Blue Advantage Minnesota Senior Care Plus (MSC+) members on or after January 1, 2019, and you are a provider type who is not eligible for a National Provider ID (NPI).

Read this communication further to find out if you need to correct and resubmit any claims you have already submitted for SecureBlue or MSC+. If you work with a clearing house or billing agent to submit your claims, please give them these instructions.

### **Incorrect use of payer code for services January 1, 2019, and later**

The correct payer code for services January 1, 2019, and after is **00562**. For elderly waiver services only, the correct payer code is **FS802**. If you use a clearinghouse to submit your bills and the clearinghouse did not make the necessary change to the payer code for the 2019 services dates prior to the migration, your claims may not have been received by Blue Cross. The payer code acts as an 'address' in the electronic claims transactions, and therefore routes the claim to the correct payer. In this case, the clearinghouses continued to route the claims to Blue Cross rather than to Amerigroup resulting in rejected claims. Blue Cross contacted the clearinghouses the first week of January to request use of the correct payer code.

### **bluecrossmn.com**

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As of January 25, 2019, impacted clearinghouses had all made the correction for newly submitted claims. They were instructed to resubmit rejected claims using the corrected payer code. It appears that some clearinghouses either did not inform their providers of this error and/or may not have resubmitted with the correct payer code as requested.

Please check with your clearinghouse or billing agent to see if this has impacted your claims.

### **PCA provider claims denying for no UMPI**

Effective January 1, 2019, Blue Cross is no longer accepting claims that include the Blue Cross contracting ID, also called Blue Cross Provider ID numbers. Providers must use their DHS UMPI number (also known as their contracting UMPI ID). If your claim is submitted with the Blue Cross contracting ID, you will receive a letter which states that “The UMPI listed on the claim is not registered with Blue Cross and Blue Shield of Minnesota and Blue Plus”.

If you or your biller receive this letter, the claim must be resubmitted with your contracting DHS UMPI and qualifier G2 in *Box 33* of the paper claim form or in *Loop 2010BB* with the REF\*G2 of the electronic claim record.

### **PCA claims adjudicated with zero payment for no service agreement/authorization**

Some approved authorizations entered in the current Blue Cross systems, prior to January 1, 2019, were not able to be moved to the new system electronically. For authorizations not yet migrated, providers received zero-dollar payment.

An additional system setup issue was recently also identified for PCA providers billing for both regular and extended PCA services. The system had issues properly identifying the provider ID in which the service agreement/authorization was applied.

The above two issues caused claim denials with messages such as:

- Not covered under contract.
- Procedure not reimbursable.

For services denied with the above messages, zero-paid claims are being adjusted.

### **PCA claims with two different PCA's providing services on the same date**

Claims being submitted for subscribers receiving services from more than one PCA on the same date have been denied as a duplicate service on the second claim. Updates to the system are in process. Claims will be reprocessed once the system configuration is updated.

**Elderly Waiver (EW) services**, including extended PCA services, are again being processed on the Bridgeview platform. Any EW claims rejected due to authorizations have been reprocessed using the information in Bridgeview. You do not need to take any action unless you have received a subsequent denial from the Bridgeview system.

### **Questions?**

If you have questions regarding this communication, please contact provider services **1-866-518-8448**.